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| FEE TRANSMITTAL for FY 2003 <small>Effective 01/01/2003. Patent fees are subject to annual revision.</small> | | Complete if Known | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|----------------------------|--|----------------------------|-------------------|----------------------|----------|----------|------------------------|---|----------|--------------------|-----------------------------------|---|----------|----------|---------------------------------------|--|----------|----------|--|--|----------|---------|--|--|-----------------|--|--|--|--|--|
| | | Application Number | 09/739,933 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Filing Date | December 18, 2000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL AMOUNT OF PAYMENT (\$) | | First Named Inventor | REID, JAMES STEVEN | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (\$) | | 375.00 | Examiner Name | TURNER, SHARON L. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| METHOD OF PAYMENT (check all that apply) | | Art Unit | 1647 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None | | Attorney Docket No. | UCAL-263CIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number 50-0815 Deposit Account Name Bozicevic, Field & Francis LLP | | FEE CALCULATION (continued) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The Commissioner authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fees indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fees indicated below, except for the filing fee to the above-identified deposit account. | | 3. ADDITIONAL FEES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FEE CALCULATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. BASIC FILING FEE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><thead><tr><th>Large Entity Fee Code (\$)</th><th>Small Entity Fee Code (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>1001 750</td><td>2001 375</td><td>Utility filing fee</td><td></td></tr><tr><td>1002 330</td><td>2002 165</td><td>Design filing fee</td><td></td></tr><tr><td>1003 520</td><td>2003 260</td><td>Plant filing fee</td><td></td></tr><tr><td>1004 750</td><td>2004 375</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005 160</td><td>2005 80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="4">SUBTOTAL (1)</td></tr></tbody></table> | | Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description | Fee Paid | 1001 750 | 2001 375 | Utility filing fee | | 1002 330 | 2002 165 | Design filing fee | | 1003 520 | 2003 260 | Plant filing fee | | 1004 750 | 2004 375 | Reissue filing fee | | 1005 160 | 2005 80 | Provisional filing fee | | SUBTOTAL (1) | | | | | |
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| 1001 750 | 2001 375 | Utility filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1002 330 | 2002 165 | Design filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1003 520 | 2003 260 | Plant filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1004 750 | 2004 375 | Reissue filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1005 160 | 2005 80 | Provisional filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (1) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><thead><tr><th>Extra Claims</th><th>Fee from below</th><th>Fee Paid</th></tr></thead><tbody><tr><td>Total Claims -20** =</td><td>x</td><td>=</td></tr><tr><td>Indep. Claims -3** =</td><td>x</td><td>=</td></tr><tr><td>Multiple Dependent</td><td></td><td>=</td></tr></tbody></table> | | Extra Claims | Fee from below | Fee Paid | Total Claims -20** = | x | = | Indep. Claims -3** = | x | = | Multiple Dependent | | = | | | | | | | | | | | | | | | | | | |
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| 1205 18 | 2205 9 | ** Reissue claims in excess of 20 and over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (2) \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *or number previously paid, if greater; For Reissues, see above. | | *Reduced by Basic Filing Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBMITTED BY | | SUBTOTAL (3) (\$) 375.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name (Print/Type) Paula A. Borden | | Complete (if applicable) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature | | Registration No. (Attorney/Agent) 42,344 | Telephone (650) 327-3400 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Date 09/15/2003 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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